

In The United States Court of Federal Claims RECEIVED

Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: _____

Location of Plaintiff(s)/Petitioner(s) (city/state): _____

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): _____

Firm Name: _____

Contact information for pro se plaintiff/petitioner or attorney of record:

18-206 C

Post Office Box: _____

Street Address: _____

City-State-ZIP: _____

Telephone & Facsimile Numbers: _____

E-mail Address: _____

Is the attorney of record admitted to the Court of Federal Claims Bar? Yes No

Nature of Suit Code: _____

Select only one (three digit) nature-of-suit code from the attached sheet. See attached sheet for three-digit codes. If number 213 is used, please identify partnership or partnership group:

Agency Identification Code: _____

Number of Claims Involved: _____

Amount Claimed: \$ _____
Use estimate if specific amount is not pleaded.

Bid Protest:

Indicate approximate dollar amount of procurement at issue: \$ _____

Was this action preceded by the filing of a protest before the GAO? Yes No

If yes, was a decision on the merits rendered? Yes No

Takings Case:

Specify Location of Property (city/state): _____

Vaccine Case:

Date of Vaccination: _____

Related Case:

Is this case directly related to any pending or previous cases? Yes No
If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.